

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>10/26/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>Z</i>	<i>75353</i>	<i>12-0-00</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral) ...	Canceled	A	Appeal
÷	Restricted	O	Objected

Best Available Copy

Claim	Date
Final Original	<i>6/15/03</i>
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Claim	Date
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If more than 150 claims or 10 actions  
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